

**Incarceration Prevention Reduction Task Force
Justice & Legal System Committee Meeting**

September 12, 2017

Whatcom County Courthouse Conference Room 514, 311 Grand Avenue, Bellingham WA
11:30 a.m. - 1:30 p.m.

AGENDA

Topic	Requested Action	Presenter	Packet Page(s)
1. Call to Order <ul style="list-style-type: none"> • July 11, 2017 Meeting summary review 	Review	N/A	1 - 4
2. Domestic Violence & Sexual Assault Service (DVSAS) and domestic violence treatment	Presentation	Karen Burke	5 - 18
3. Update on Drug Court Improvements	Discussion	N/A	19 - 20
4. Update on Developing a Pretrial Risk Assessment tool <i>(tentative)</i>	Discussion	N/A	N/A
5. Discussion of Developing a Pretrial Supervision Unit <i>(tentative)</i>	Discussion	N/A	N/A
6. Next Steps: Ideas & Further Information <ul style="list-style-type: none"> • Next meeting topics 			
7. Other Business			
8. Public Comment			
9. Adjourn <i>The next meeting 11:30 a.m. - 1:30 p.m. on October 10, 2017 at the County Courthouse Fifth Floor Conference Room 514, 311 Grand Avenue, Bellingham.</i>			

Upcoming Meetings:

- Triage Facility Committee: 10:15 a.m. - 11:45 a.m. on September 21, 2017 at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.
- Full Task Force: 9:00-11:00 a.m. on September 25, 2017 in the County Courthouse 5th Floor Conference Rooms 513/514, 311 Grand Avenue, Bellingham
- Special Incarceration Prevention and Reduction Task Force: October 2, 2017. Time and location TBD.
- Behavioral Health Committee: 2:30-3:30 p.m. on October 16 at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.

Incarceration Prevention and Reduction Task Force
Legal & Justice Systems Subcommittee
DRAFT Meeting Summary for July 11, 2017

1. Call To Order

Committee Chair Stephen Gockley called the meeting to order at 11:30 a.m. in the Whatcom County Courthouse Conference Room 514, 311 Grand Avenue, Bellingham.

Members Present: Angela Anderson, Jill Bernstein, John Billester, Stephen Gockley, Dave McEachran, Moonwater, Irene Morgan, Darlene Peterson

Also Present: Deborra Garrett (proxy for Fred Heydrich), Nick Lewis, Jeff Parks (Proxy for Bill Elfo),

Members Absent: Bill Elfo, Fred Heydrich

Review May 9 and June 13, 2017 Meeting Summary

This item was not discussed.

2. VERA Institute preliminary data analysis and recommendations

Liz Swavola, Kristi Riley, and Stephen Roberts, VERA Institute for Justice, submitted a handout (*on file*) and answered questions on the following:

- The number of people booked for Driving While License Suspended-3rd Degree and a related pilot program to reinstate driving rights
- Race and ethnic data
- Potential opportunities to reduce jail size by focusing on long-term sentenced offenders.
- The data on Yakima jail inmates was not included in the data analysis, but they will work to include it in the final report
- The length-of-stay and misdemeanor data will likely change when the Yakima inmate data is included
- Including the Lummi Nation data in the analysis, including their inmates in Yakima and Wyoming
- Determine how many sentenced felonies are resolved within 60 days to parse out the average daily population
- How Whatcom County compares with other counties regarding length of stay by felony and gross misdemeanor charge classes
- The data counts felony bookings, regardless of whether the charge is dropped to a misdemeanor.
- Length of stay in the Whatcom County jail versus prison sentence
- Whether the data analysis considered failure to appear, warrant, and criminal histories and inability to make bail
- Including information in the report about the constitutional rights of victims and misconceptions about how and whether the bail system is working to ensure public safety
- Convening a focus group of system users

Incarceration Prevention and Reduction Task Force
Legal & Justice Systems Subcommittee
DRAFT Meeting Summary for July 11, 2017

Committee members discussed:

- Whether any of the small cities send inmates to Yakima
- How booking restrictions in 2016 would change the data
- How Lummi Assault 2 as a misdemeanor versus felony
- Unlike District Court, Superior Court has no option between releasing someone on personal recognizance and setting a high bail, which emphasizes the need for pretrial services for Superior Court defendants
- The huge percentage of drug related offenses, which highlights the importance of addiction treatment and recovery services
- Analyzing data on the individuals in addition to the number of bookings to assess recidivism
- Pretrial services that are available now for Whatcom County District Court and the municipal courts
- Making sure that reports produced by the Task Force aren't misinterpreted by the general public, who may not have participated in these discussions
- Look at the percentage of charges that were dismissed for people who weren't held for bail or were able to post bail
- Look at the number who were dismissed per plea
- Recent changes by the Sheriff's Office to the jail alternatives program to reduce barriers
- Reviewing existing restorative justice programs in the community and possible funding

3. Drug Court

McEachran reported on how drug court was initially developed.

Committee members discussed the return on drug court investment.

Anne Deacon, Health Department, stated:

- She has funding through the behavioral health sales tax to:
 - Send Judge Montoya-Lewis and the drug court staff to national training and
 - Provide incentives for drug court participants who are successful in the program.
- It will be too expensive for the County to become Behavioral Health Organization (BHO)-certified due to software requirements in the amount of \$750,000, a significant amount of data capturing, and the requirement to follow Medicaid rules and bill the State.
- The BHO now administers the SUD contracts and monitors for quality control.
- The County Health Department is working with the BHO:
 - to increase the number of providers in the community to increase competition and improve services. They are also talking with the BHO
 - about the County's concerns and expectations for the level of care that the citizens deserve.
- The Health Department is also working with current providers.

Incarceration Prevention and Reduction Task Force
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The Committee members discussed:

One possibility is for the County to allow a provider to have a satellite office for drug court.

The BHO could give a higher priority to quality control and compliance regarding the curriculum.

The County Health Department is aware of the care quality and is actively working on it as effectively as possible, given that they no longer administer those services. It is a work in progress. They have had candid discussions with providers and the BHO.

It would be useful to have someone who can supplement community-based treatment while housed in the program.

The North Sound BHO in the early stages of development and is understaffed for all the work they need to do. The BHO hasn't gotten to the point yet where they are auditing agencies. Their work is huge, and they don't yet have a certain level of knowledge and experience for dealing with the SUD agencies. They only had a few months to get up and running, and have been crisis managing ever since.

Solutions may include:

- Superior Court working within the process to request funds from the behavioral health sales tax, which is administered by the Health Department, to figure out the most effective use of the fund
- Working with the BHO to increase the number of providers in the community
- Recommending more programmatic support for the drug court, such as a substance abuse treatment support staff person, not clerical staff, for additional support and education
- Sending a letter to the BHO
- Possibly contracting with someone to provide additional substance abuse support and education until there is a more robust provider network

Drug court participants are expected to comply with the rules, but there are no appropriate tools for them to comply and succeed.

Bernstein moved that Committee Chair Gockley write a letter for the Task Force to send to the BHO regarding their concerns and expectations. The motion was seconded.

The motion carried unanimously.

Bernstein moved for the Task Force to formally recommend that they take positive action on recommending SUD treatment programmatic support and funding. The motion was seconded.

The motion carried unanimously.

4. Domestic Violence & Sexual Assault Service (DVSAS) and domestic violence treatment

Karen Burke, DVSAS Executive Director, stated they are looking at a repeating cycle of criminal behavior. Fifteen to 20 percent of all bookings in the county are related to domestic violence. Substance abuse exacerbates, but does not cause, domestic violence. This is an opportunity to reduce the time domestic violence offenders spend in jail. She submitted and read from a presentation (*on file*).

The Committee discussed additional gaps in and barriers to service:

- It can be difficult for offenders to know how to find treatment
- Evaluations and treatment must be separate to eliminate the conflict of interest due to economic incentive
- No available services that are culturally-appropriate, language-appropriate, or gender-appropriate
- It's very difficult for providers to earn a living in this field

Ms. Burke will return to the Committee to continue discussion of the next steps.

6. Other Business

There was no other business.

7. Public Comment

There was no public comment.

8. Adjourn

The meeting adjourned at 1:26 p.m.

Domestic Violence Offender Treatment



**Domestic Violence and
Sexual Assault Services**

CURRENT PROGRAMS

What is available in Whatcom County:

Four certified treatment programs

Bellingham

- Violence Intervention Professionals
- Relationship Resources (currently not operating)

Blaine

- Waterfront Counseling

Lummi Nation

- Lummi Behavior Accountability Program (unclear if operating)

GAPS and BARRIERS

- Expensive for participant – low pay for provider
(approximately \$150 - \$175 for an evaluation and \$ 40 - \$85 per group)
- Not available – hard to get a call back
- Not consistently or timely reporting to probation
- One size fits all programs
- No clear positive outcomes – numbers count only
- No/limited connection with victims
- Lack of community accountability
- No Spanish groups and limited interpreter
- No individual treatment
- No treatment for juveniles
- Unclear and inconsistent program models
- Limited locations

NEW WAC – KEY CHANGES

WAC 388-60 (drafted for 2018)

- Clarifies qualifications for all direct treatment providers
- Adopts a thorough and specific interview and assessment criteria to determine treatment need
- Requires a Level of Care based on assessment

NEW WAC — PROGRAM REQUIREMENTS

Treatment Programs must:

- Use evidence-based or promising practices in all levels of treatment
- Use a trauma-informed approach in treatment
- Cover topics specified in the relevant WAC
 - Examples for Levels One & Two:
 - Belief systems that allow & support violence against women or others
 - Definitions and forms of abuse, battering and DV
 - Impact of abuse on children
 - Accountability for participants' choices & behaviors
 - Respectful relationships
 - Empathy building
 - Beliefs used to justify abusive behavior

NEW WAG – LEVELS OF CARE

Level of Care	Risk of Lethality & Recidivism	Treatment Facilitator	Group Considerations	Minimum Length
One	Low; No history	Staff or Supervisor	May be combined with level two treatment	6 months
Two	Low to Medium	Staff or Supervisor	May be combined with level one treatment	12 months
Three	High	Supervisor	May be incorporated into lower or higher level treatment group	12 months
Four	High; Sociopathic Behaviors	Supervisor	Does not benefit from traditional DV interventions; Must be separate from participants in levels one & two.	18 months

SOME BEST PRACTICES

Moral Reconciliation Therapy (MRT)

- Cognitive-behavioral group counseling program
 - Focus on changing behavior by changing beliefs
 - Goals are enhanced moral reasoning, better decision making, appropriate behavior
- 24 modules
- Facilitators must complete 32-hour training program

Duluth Model

- Individual and group counseling
- Focus on control and gender roles
- Requires a Coordinated Community Response for accountability

Motivational Interviewing combined with CBT

- CBT group sessions and individual MI sessions
- Goal oriented
- Client defined

NEXT STEPS

1. DVSAS will continue to research the feasibility of offering domestic violence offender treatment including finding program funding.

- Riverstix/ Whatcom Community Foundation for program pilot
- Whatcom County Health Department
- Insurance coverage
- Whatcom County and City of Bellingham Jail Alternatives
- Participant contribution (sliding scale to 0\$)

2. DVSAS will convene a steering committee

(Confirmed attendance from DV Commission, Children's Administration, Ferndale Police Department, United Church of Ferndale, Western Washington University, Private Attorney)

- To further determine program costs, participant contribution and funding options
- To develop a curriculum based on Best and Promising Practices
- To develop clear goals and outcome measures
- To monitor program effectiveness (future)

ESTIMATED SUPPORT BUDGET

Estimated Yearly Budget

Serving between 60-100 participants per year and includes victim contact, meeting attendance and contact with probation

Expenses

Salaries/benefits

1FTE MSW Treatment Provider 80,000

1 FTE Assistant Provider 60,000

Travel/Meetings 1,000

Equipment 8,000

Supplies 5,000

Facility 15,000

Professional Fees 5,000

Other 1,000

Indirect expenses 26,550

Total Expenses \$201,550

Possible Income

Participant Fees (\$300 X60) \$18,000

Unfunded

\$183,550

Domestic Violence Offender Treatment *Gaps*



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Other	1,000
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Indirect expenses	26,550
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Total Expenses	\$201,550
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Possible Income

<i>Participant Fees (\$300 X60)</i>	\$18,000
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<i>Apple Health/Insurance Billing (\$35 session X 49 weeks x 50 participants)</i>	\$85,750
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	\$103,750
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Unfunded	\$97,800
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LEGAL AND JUSTICE SYSTEMS SUBCOMMITTEE
Incarceration Prevention and Reduction Task Force

Working List of Areas Identified for Possible Improvements to Drug Court Program

Updated September 12, 2017

1. Adopt validated criteria for determining program participants:

NADCP, Adult Drug Court Best Practice Standards, Vol. 1 (2015) ("Standardized assessment tools are significantly more reliable and valid than professional judgment for predicting success in correctional supervision and matching offenders to appropriate treatment and supervision services (citation omitted). Drug Courts that employ standardized assessment tools to determine candidates' eligibility for the program have significantly better outcomes than Drug Courts that do not use standardized tools (citation omitted)." (p. 7, Commentary, C. Validated Eligibility Assessments)).

2. Support County funding for nationally-recognized training for entire DC team:

Drug Court team is working with Health Department to utilize existing funds.

3. Support County funding for additional staff (minimum .5 FTE) to better utilize expertise and time of DC administrator:

Task Force approved recommendation to County Council at its meeting August 28, 2017.

4. Support County funding for incremental, positive recognition incentives for drug court participants:

Drug Court team is working with Health Department to utilize existing funds.

5. Identify and implement practices to qualify drug court program for federal funding:

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, Adult Drug Court Discretionary Grant Program, FY 2017 Competitive Grant Announcement, at <https://www.bja.gov/funding/DrugCourts17.pdf> . ("BJA is accepting applications for FY 2017 grants to . . . enhance existing drug court programs using evidence-based principles and practices. BJA also supports courts that integrate the

National Association of Drug Court Professionals (NADCP) adult drug court standards into existing drug court services." (p. 4)). ("Program objectives include assisting courts that utilize evidence-based practices and principles, which are incorporated into the NADCP drug court standards" (p. 6)).

6. Negotiate with NSBHO for certification of drug court program to perform treatment evaluations:

New treatment providers are establishing services in approximately October and will expand capacity for evaluation of out-of-custody drug court applicants. Health Department is working on improving timeliness of evaluations both before and after this expansion of capacity.

7. Negotiate with NSBHO for Medicaid contract with drug court program as treatment provider:

Not practical or affordable. Currently not being explored further.

8. Promote community-wide efforts to increase and improve treatment-supportive housing:

Drug court leadership has begun informal exploratory discussions about possible third-party acquisition/development of supported housing for drug court participants. Interested parties include Opportunity Council, Pioneer Human Services, and a private funder.